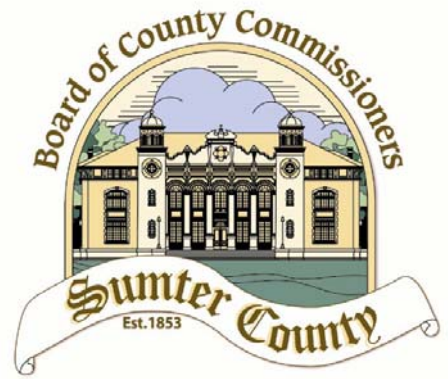


Board of County Commissioners

Division of Planning & Development

Building Services Department

910 North Main Street, Suite 301 • Bushnell, FL 33513-6146 • Phone (352) 793-0270 • FAX: (352) 793-0274
SunCom: 665-0270 • Website: <http://sumtercountyfl.gov/plandevlop>



Building Permit Application

FLORIDA BUILDING CODE 2004

Proposed Improvement

Parcel # _____

Project Name (If applicable) _____

Date _____

Project Address _____

Complete Legal Description _____ (☐ lengthy legal attached)

Subdivision _____ Sec _____ Twp _____ Rge _____

Block _____ Lot _____ Unit _____ Tract _____

If this application is related to a Code Enforcement Case, provide violation case number _____

Is your property on a septic system? ☐ Yes ☐ No If yes, additional Health Department approval may be required.

Work Description

Check all that apply

☐ Single Family Residence Combo

☐ Residential

☐ Commercial

☐ Single Family Detached

☐ Addition/Alteration

☐ Electric

☐ Sign

☐ Duplex

☐ Re-Roof

☐ Plumbing

☐ Screen Enclosure

☐ Mobile Home

☐ Accessory (describe below) _____

☐ Mechanical

☐ Pool

☐ Fire Protection

☐ Other _____

☐ Gas

☐ Pool/Spa Combo

Further Description of Work: _____

Proposed Occupancy/Use: _____ Previous Occupancy/Use: _____

Sq. Ft. Air-Conditioned Space _____ Sq. Ft. Non-Air Conditioned Space _____

Total Value of Work \$ _____

Owner/Lessee/Owner Builder Information

Property Owner _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____ Fax # _____

Contractor Information

Contractor Business Name _____ Qualifier Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

State Certification or Registration # _____

County Competency # _____

Contact Person _____ Phone # _____ Fax # _____

Cell # _____ Email Address _____

Subcontractor List

	<u>Print Qualifier Name</u>	<u>County No.</u>	<u>License No.</u>
Mechanical	_____	# _____	# _____
Plumbing	_____	# _____	# _____
Electrical	_____	# _____	# _____
Gas	_____	# _____	# _____
Roofing	_____	# _____	# _____
Irrigation	_____	# _____	# _____
Other	_____	# _____	# _____

Bonding Company☐ Not ApplicableName _____
Address _____
City _____
State _____ Zip _____**Engineer/Designer**☐ Not ApplicableName _____
Address _____
City _____
State _____ Zip _____**Fee Simple Titleholder's**☐ Same as owner on form frontName _____
Address _____
City _____
State _____ Zip _____**Mortgage Company**☐ Not ApplicableName _____
Address _____
City _____
State _____ Zip _____**NOTICE**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL and PLUMBING WORK, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

STATE STATUTES REQUIRE ALL PERMIT TYPES VALUING \$2,500.00 (HVAC \$7,500.00) OR GREATER MUST HAVE A NOTICE OF COMMENCEMENT.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

and/or

OWNER/AGENT SIGNATURE DATE

The foregoing was acknowledged before me
this _____ day of _____ 20 _____
by _____
who is personally known to me or has produced
identification.

Notary Public
(seal)_____
CONTRACTOR'S SIGNATURE DATE

The foregoing was acknowledged before me
this _____ day of _____ 20 _____
by _____
who is personally known to me or has produced
identification.

Notary Public
(seal)**OFFICE USE ONLY**

Permit # _____ Permit Clerk _____ Zoning Verified By _____

☐ Zoning _____ ☐ Site Plan ☐ Setbacks: Front _____ Sides _____ Rear _____ Other _____